2026/27 Continuous Quality Improvement (CQI) Initiative Report

Community Demographics

Community Name: Cheltenham Community

Street Address: 5935 Bathurst Street

Phone Number: 416-223-4050

Quality Lead: Jennifer Gillingham, Executive Director

2025–26 Quality Improvement Initiatives

In 2025–26, Cheltenham focused on antipsychotic use and improving Resident and Family Satisfaction as part of its CQI initiatives.

The target was to improve performance on the rate of antipsychotic usage without a diagnosis of psychosis from 18.74% to 18.37%. Current performance stands at 20.91%. A summary of change ideas and their results is provided in Table 1.

Additionally, the community aimed to raise the combined Net Promoter Score (NPS) for Resident and Family Satisfaction by 1 point from the 2024 score of 16. In 2025, Cheltenham achieved an NPS of 11. The action plan and its outcomes are also summarized in Table 1.

2026–27 Priority Areas for Quality Improvement

Sienna Senior Living communities use Ontario Health's QIP to identify and prioritize quality improvement initiatives. This year, Cheltenham Community selected Resident and Family Satisfaction (see Table 2) and Antipsychotic use (see Table 3) as focus areas. These priorities are also reflected in the community's internal operational plan.

Posted: June 30, 2026.

Sienna Senior Living strives to continuously monitor and improve resident and family satisfaction and staff engagement year over year. In response to feedback, specific action plans are developed and shared with residents, families, and staff. Resident & Family Satisfaction Surveys were conducted for each resident and family over the course of the year between January 1, 2025 – December 31, 2025; per our practice, we offer each resident and family member the opportunity to participate in a satisfaction survey twice each year.

In 2026, Long-Term Care operations are focused on a set of initiatives aimed at enhancing resident-centered care and strengthening overall performance. Key initiatives include the Circle Spa, modernization of the Volunteer Program, targeted Dementia Program enhancements, and successful completion of our Accreditation survey and subsequent action planning. Progress is measured through a defined set of outcome indicators, including improvements in resident and family experience as well as quality of life. In addition, the organization is prioritizing employee engagement through values-driven education to support an aligned, empowered workforce.

In 2025, Cheltenham Community achieved an NPS of 2 for resident satisfaction and an NPS of 35 for family satisfaction. The results were shared with our Resident Council on June 25th, 2025, Family Council on May 20, 2026 and team members through town halls on May 13, 2026. Feedback from the residents, family, and team member stakeholders was used to develop strategies to improve overall resident and family satisfaction.

Additionally, Cheltenham's annual Operational Planning Day was held on May 28, 2026 and included residents, team members, and the management team. During Operational Planning, resident and family satisfaction results and other clinical indicators were shared and feedback from stakeholders was sought in the development of improvement strategies.

Resident and Family Satisfaction Survey

Sienna Senior Living's innovative resident and family satisfaction survey improves our ability to incorporate feedback into our day-to-day culture. We've worked with experts to create surveys that are more accessible for people living in long-term care. Resident and Family councils from each Sienna Senior Living Community were consulted and involved in the creation of the new survey. They are shorter, intended to occur more frequently, and designed to capture a true picture of your experience and what you define as important. The survey results include an overall Net Promoter Score (NPS) that identifies residents' and families' perceptions of our community and how people feel their needs are being met as well as a text analysis that highlights what people have focused on and how we can meet their needs.

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Policies, Procedures, and Protocols Guiding Continuous Quality Improvement

Quality Improvement Policy, Planning, Monitoring & Reporting

Sienna Senior Living has a robust Quality & Risk Management Manual that guides our communities through continuous quality improvement activities with a focus on enhancing resident care and achieving positive resident outcomes. The Quality Committee identifies improvement opportunities and sets improvement objectives for the year by considering input from annual program evaluations, operating plan development, review of performance and outcomes using provincial and local data sources, and review of priority indicators released from Ontario Health, and the results of the resident and family satisfaction surveys.

Continuous Quality Improvement Committee

The Quality Committee manages all continuous quality improvement initiatives and identifies change ideas to be tested and implemented with the interdisciplinary team. CQI initiatives utilize Plan-Do-Study-Act (PDSA) cycles, following the Model for Improvement. The Continuous Quality Improvement Committee meets regularly to monitor key indicators and gathers feedback from stakeholders, including residents and families. Change ideas are based on best practices across Sienna, informed by research and literature. Regular meetings and data reviews help the organization determine if changes result in improvement and adjust as necessary.

Accreditation

In 2025, Sienna Senior Living underwent an external quality review for accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF), reaffirming our commitment to delivering high-quality care and services. We earned CARF's highest-level award: three-year accreditation. The process includes internal self-assessments, engagement with residents, families, and other stakeholders, and an on-site evaluation conducted by peer surveyors.

Sharing and Reporting

A copy of this Continuous Quality Improvement Initiative Report and the 2026/27 QIP was shared with the Resident Council on June 9th, 2026 and Family Council on May 20th, 2026. They were also shared with team members on May 13th, 2026 and June 10th, 2026 through town halls and meetings with team members and it is posted in the home. The committee will continually review progress and share updates and outcomes with residents, families, and staff via existing council and team meetings.

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Table 1: 2025/26 QIP Results

Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
Antipsychotic Use	18.74%	20.91%	Implement Antipsychotic Reduction Process Map.	March 31, 2025	Antipsychotic Reduction Process Map utilized for residents identified in the cohort for reduction.
			Increase number of team members IGPA trained/certified for knowledge and awareness.	March 31, 2025	We significantly exceeded our 2025 goal to have 30 Team Members complete iGPA training, we had 102 Team Members successfully complete the program.
Resident and Family Satisfaction	Resident NPS: 3 Family NPS: 32	Resident NPS: 2 Family NPS: 35	Monthly Action plans based on survey outcomes.	March 31, 2025	Monthly action plans completed which improved communication and awareness of ongoing survey outcomes and interventions to support month to month changes.

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Area of Focus	Previous Performance (2024/25)	Current Performance (2025/26)	Change Ideas	Date of Implementation	Outcomes/Impact
			Improve resident experience by fostering a sense of community among residents.	March 31, 2025	3 GEMS were identified and participated in the program throughout the year, giving a sense of community and belonging. 2 sparkle awards were given to residents with celebration of accomplishments.

Table 2: 2026/27 Resident and Family Satisfaction

Cheltenham Community aims to improve the combined Resident and Family Survey score from the current performance of 11 to 12.

Change Ideas	Process Measure	Target for 2026/27
Cheltenham aims to improve resident experience by increasing interactions between residents and team members.	Number of Residents who had 6 or less resident contacts per month.	Cheltenham aims to decrease the number of residents who have had 6 or less resident contacts each month by 5% by the end of 2026.
Cheltenham aims to improve the dining experience and resident experience by elevating collaboration and environment in the dining room.	Resident and Family Survey results; Town Hall feedback; Resident council Feedback.	NPS score will improve at minimum 1 point.

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Table 3: 2026/27 QIP Indicator Antipsychotic Use

Cheltenham Community aims to improve percentage of residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment from the current performance of 20.91% to 20.49%.

Change Ideas	Process Measure	Target for 2026/27
Cheltenham will form an interdisciplinary committee to review antipsychotic usage.	Decrease in inappropriate antipsychotic use.	Reduce antipsychotic use without Dx of psychosis by 2%.
Cheltenham will train team members on the Gentle Persuasive Approach.	Number of team members who complete the iGPA modules.	Cheltenham will have 30 team members complete the iGPA modules in 2026.